

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11634-62-044762  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 14 1962

1003

VS 300  
Rev. 4/59

1  
2 22  
3  
4 3  
5 2  
6  
7 0  
8 2  
9  
10  
11  
12 2-3  
13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

### 1. PLACE OF DEATH

#### a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION (D.O.A.) Homer G. Phillips

Inside Limits

### 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

#### a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2910 Thomas

Reside on Farm  
Yes ☐ No ☒

### 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Helen

Briscoe

Reed

### 4. DATE OF DEATH

Month

Day

Year

Dec.

1,

1962

### 5. SEX

Female

### 6. COLOR OR RACE

Negro

### 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

### 8. DATE OF BIRTH

July 11, 1909 53

### 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

### 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

### 10b. KIND OF BUSINESS OR INDUSTRY

### 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

### 12. CITIZEN OF WHAT COUNTRY

U.S.A.

### 13a. FATHER'S NAME

Henry Briscoe

### 13b. MOTHER'S MAIDEN NAME

Katherine Boone

### 14. NAME OF HUSBAND OR WIFE

Deceased

### 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

### 16. SOCIAL SECURITY NO.

### 17. INFORMANT

Address

Lucille Foster, 2910 Thomas

### 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Con gestive Heart Failure,  
Diabetes Mellitus  
260x

### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☒ Unknown

### 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

### 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

### 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

### 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

### 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

### 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

### 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

### 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_

on the date stated above, and to the best of my knowledge, from the causes stated.

### 21a. SIGNATURE

(Degree or title)

### 22b. ADDRESS

### 22c. DATE SIGNED

### 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

### 23b. DATE

12/6/62

### 23c. NAME OF CEMETERY OR CREMATORY

Washington Park

### 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

### 24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

### 25. DATE RECD. BY LOCAL REG.

DEC 4 1962

### 26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student-Embalmer

Signed

*Lawrence Graham*

Licensed Embalmer No. 4755

P. O. Address 1221 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.